## PI Subcommittee Meeting - Notes

# May 16, 2017 - 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 8770031406# (music will be heard until the moderator joins the call)

#### a) Welcome & Introductions

1. Names in bold represent members who were present

Meeting Attendees			
Amanda Rardon	Jennifer Mullen	Mary Schober	Tammy Robinson
Andy VanZee	Jodi Hackworth	Merry Addison	Tracy Spitzer
Angela Cox-Booe	Kelli Vannatter	Michele Jolly	Wendy St. John
Annette Chard	Kelly Blanton	Michelle Moore	_
Bekah Dillon	Kelly Mills	Michelle Ritchey	
Brittanie Fell	Kristi Croddy	Missy Hockaday	
Carrie Malone	Latasha Taylor	Olivia Roloff	
Christy Claborn	Lesley Lopossa	Dr. Peter Jenkins	
Chuck Stein	Lindsey Williams	Regina Nuseibeh	
Dawn Daniels	Lisa Hollister	Rexene Slayton	
Dusten Roe	Lynne Bunch	Sarah Quaglio	
<b>Emily Grooms</b>	Marie Stewart	Spencer Grover	
Jennifer Homan	Mark Rohlfing	Dr. Stephanie	
		Savage (Chair)	
ISDH STAFF			
Camry Hess	Katie Hokanson	Ramzi Nimry	

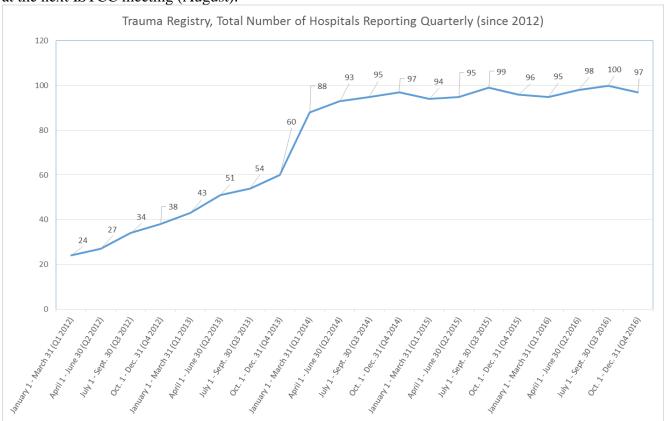
#### b) 2017 Goals

- 1. Increase the number of hospitals reporting to the Indiana trauma registry.
- 2. Decrease Average ED LOS
  - i. Transfer Delay
    - Pilot Project
- 3. Increasing Trauma Registry quiz participation.
- 4. Inter-facility transfer guideline.
- 5. Continued EMS run sheet collection.

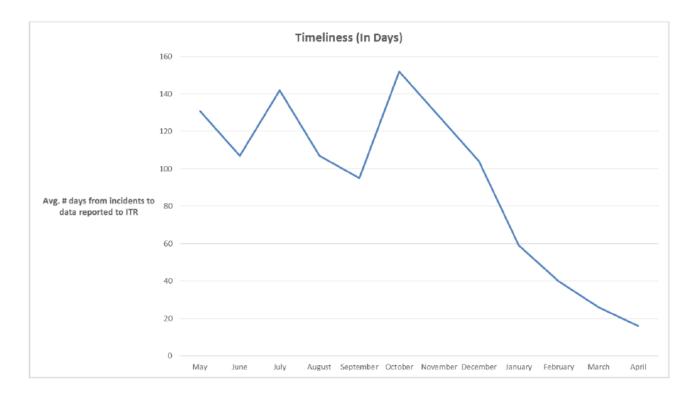
1.

#### A) Number of reporting hospitals

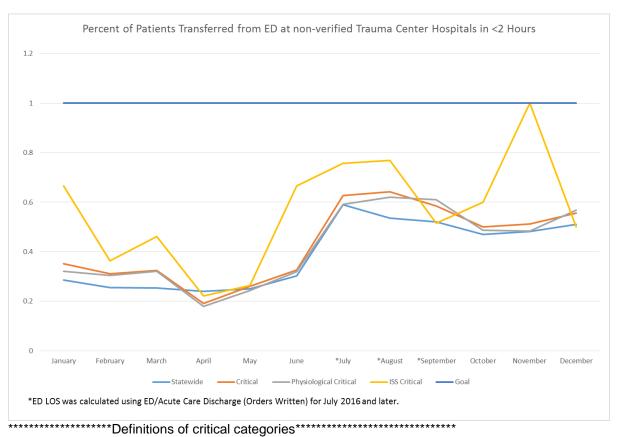
i. What is the plan to increase reporting to the hospitals? Ramzi will contact hospitals who have reported in the past and work with them to submit data. Amanda Rardon will work with IU Health — White and Frankfort. There are micro hospitals being built with Tandem health. They will partner with St. Vincent. The high rate of hospital participation in the trauma registry (97 out of 121) is due in large part to Ramzi staying in touch and training registrars. The National Trauma Data Bank (NTDB) has been working towards HL7 integration and ImageTrend has begun working on this. Using this system may increase reporting of the basic demographic information. We will hopefully have more information at the next ISTCC meeting (August).



- B) Timeliness of reported incident 92 days
  - i. The due dates for data submission were reviewed. These would be hard to change.



- 2.
- A) Decrease average ED LOS at non-trauma centers
  - i. Review of current average ED LOS
    - Quarter 3 2016: 8 facilities responded (sent out letters to 59 facilities)
  - ii. ED LOS (Orders Written)
    - We will continue tracking ED LOS (Orders Written)



### iii. ED LOS (Physical Exit)

We will encourage people to fill out ED LOS (Physical Exit). This is an optional element.

<sup>\*</sup>Critical patient: had a GCS <= 12 or shock index > 0.9 or ISS > 15

<sup>\*</sup>Physiological critical patient: GCS <= 12 or shock index > 0.9

<sup>\*</sup>ISS critical patient: ISS > 15



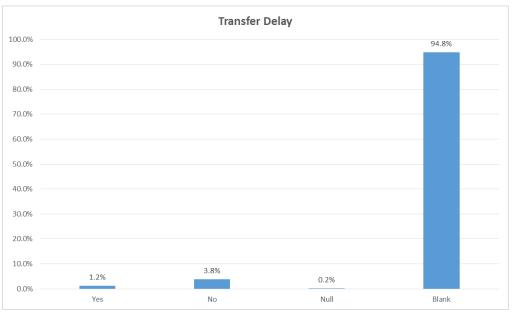
## B) Transfer Delay Charts

- i. Transfer Delay statewide
  - 110 out of 8,916 said 'yes'
  - 5% responded with 'yes' or 'no'
  - 95% responded with a null or blank value

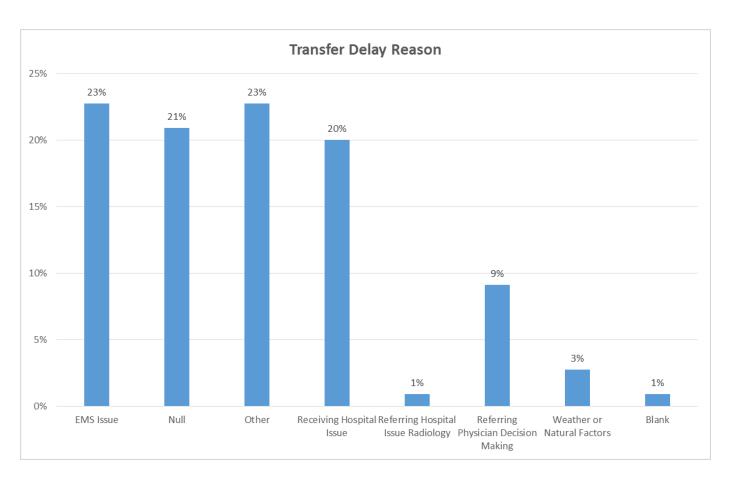
<sup>\*</sup>Critical patient: had a GCS <= 12 or shock index > 0.9 or ISS > 15

<sup>\*</sup>Physiological critical patient: GCS <= 12 or shock index > 0.9

<sup>\*</sup>ISS critical patient: ISS > 15



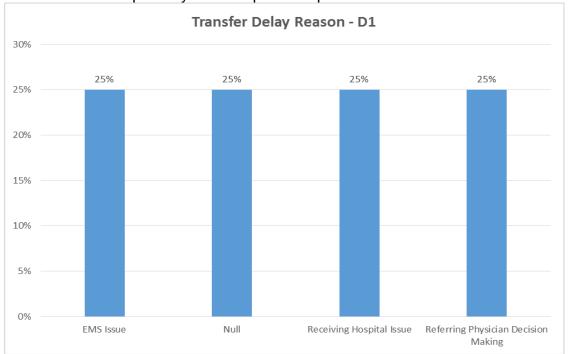
ii. Transfer Delay Reason - statewide

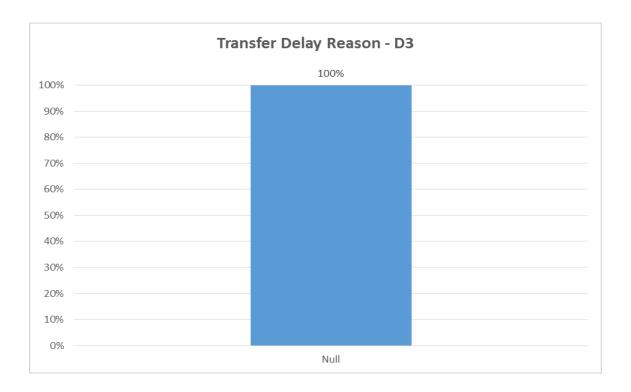


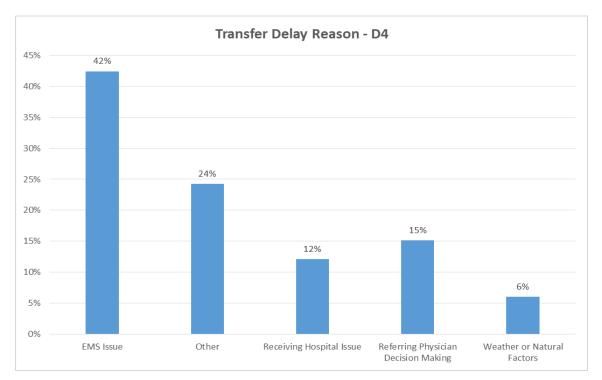
## iii. Transfer Delay Reason by district

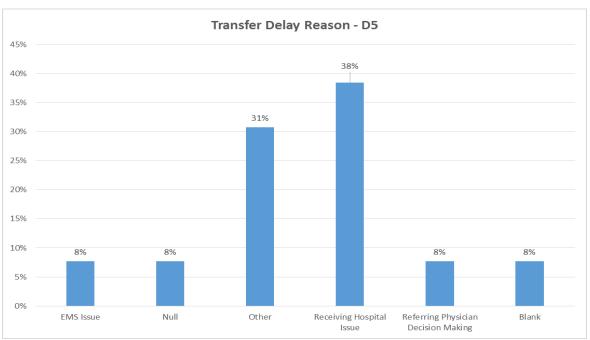
- Please share your district's chart with the PI committee in your TRAC
- An e-mail will be sent out highlighting the transfer delay response by district

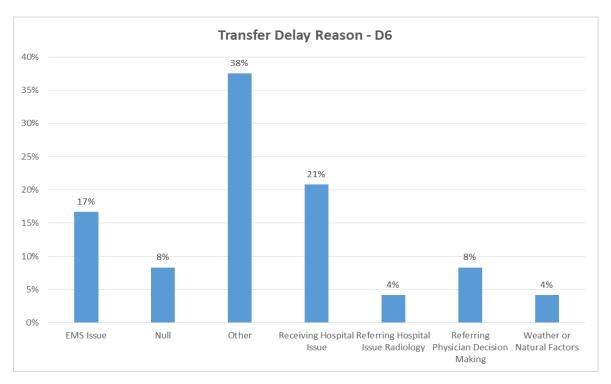
 These charts (transfer delay and transfer delay reason) will be added to the quarterly district-specific reports.

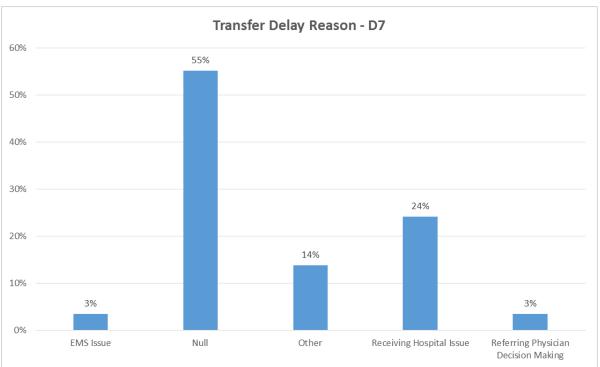


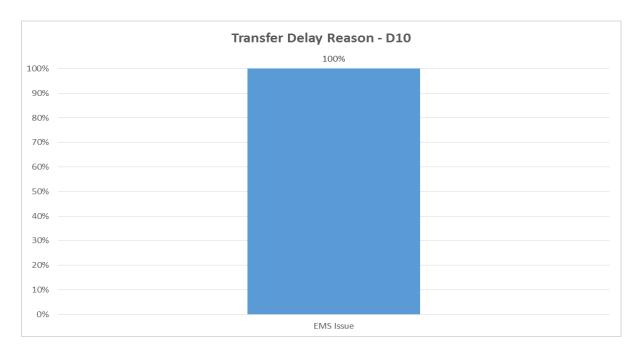












#### C) Transfer Delay Pilot

- Came about from the last two PI meetings of 2016
- 5 hospitals were identified and have agreed to participate (Community East, IU Health North, Methodist Southlake, St. Vincent Kokomo and Schneck Medical Center)
- Hospitals will be collecting Q1 2017 data through the pilot (facility questions), but continued collection through the typical transfer delay capture:



- Asking hospitals to take note of what works, what doesn't, what's missing, etc.
- Sarah Quaglio is part of the pilot and found the responses useful once she was familiar with the new choices.
- The pilot data are due by 6/30/2017 and will be presented at the July PI meeting
- 3. Increasing Trauma Registry participation
  - a. Looked at all May 2016 to April 2017 quizzes
  - b. 40 out of the 139 respondents took quiz at least 5 times
    - i. Result: 29%
    - ii. Fluctuation in numbers due to some factors.
  - c. Strategies to increase quiz participation were discussed. The quiz used to be sent out via SurveyMonkey and is now on the INTRAIN platform. A training video was provided

- so people are walked through the process of creating an account and finding that month's quiz.
- d. There was feedback on having questions like the ones seen on the Google group for NTDB. If you have specific questions or question topics send them to Ramzi.
- e. Having a set time for your team to take the quiz may help with participation.
- 4. Attachment (Indiana Sample Trauma Transfer Guideline)
  - a. The phrase 'should immediately' was changed to 'may require.'
  - b. Katie will send the guidelines to Tami Barrett
- 5. **Reminder**: Increase EMS run sheet collection
  - i. Please send Katie list of EMS providers not leaving run sheets.